

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|  |                          |   |                          |                   |                          |                             |                          |              |                                     |             |
|--|--------------------------|---|--------------------------|-------------------|--------------------------|-----------------------------|--------------------------|--------------|-------------------------------------|-------------|
| Full Name of Committee<br><b>Friends of ADAMH</b>                                      |                          |   |                          |                   |                          | Registration Number, if PAC |                          |              |                                     |             |
| Full Name of Candidate   |                          |   |                          |                   |                          |                             |                          |              |                                     |             |
| Street Address<br><b>1105 Schrock Road, Suite 300, Box 29163</b>                       |                          |   |                          |                   | Office Sought            |                             |                          | District     |                                     |             |
| City<br><b>Columbus</b>  |                          |   |                          |                   | State<br><b>OH</b>       |                             | Zip Code<br><b>43229</b> |              |                                     |             |
| Type of Report<br>(place X to the left of report type)                                 | <input type="checkbox"/> | Pre-Primary   | <input type="checkbox"/> | Post-Primary      | <input type="checkbox"/> | Pre-General                 | <input type="checkbox"/> | Post-General | <input checked="" type="checkbox"/> | Annual Year |
|  | <input type="checkbox"/> | July<br>Monthly   | <input type="checkbox"/> | August<br>Monthly | <input type="checkbox"/> | September<br>Monthly        | <input type="checkbox"/> | Termination  | <input type="checkbox"/>            | Semiannual  |
| Amended Report?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          | Report Electronically filed?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          | Date of Election  |                          | M                           | D                        | Y            |                                     |             |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

|  |                    |
|--|--------------------|
| 1. Amount brought forward from last report                         | \$ <b>8,949.75</b> |
| 2. Total monetary contributions (From Form No. 31-A)               | \$ <b>64.98</b>    |
| 3. Total other income (From Form No. 31-A-2)                       | \$ <b>23.88</b>    |
| 4. Total funds available (sum of lines 1, 2, 3)                    | \$ <b>9,038.61</b> |
| 5. Total monetary expenditures (From Form No. 31-B)                | \$ <b>0.00</b>     |
| 6. Balance on hand (line 4 minus line 5)                           | \$ <b>9,038.61</b> |
| 7. Value of in-kind contributions received (From Form No. 31-J-1)  | \$ <b>0.00</b>     |
| 8. Value of in-kind contributions made (From Form No. 31-J-2)      | \$                 |
| 9. Outstanding loans owed by committee (From Form No. 31-C)        | \$                 |
| 10. Outstanding debts owed by committee (From Form No. 31-N)       | \$                 |
| 11. Outstanding loans owed to committee (From Form No. 31-K)       | \$                 |
| 12. Value of independent expenditures made (From Form No. 31-U)    | \$                 |
| 13. For Electronic Filing Entities only                            | \$                 |
| Sum of lines 2, 7 and amount of any new loans received this period | \$                 |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Daniel A. Low**

Print Name and Title (Treasurer and Deputy Treasurer only)



Signature

**January 22, 2007**

Date

|                                |
|--------------------------------|
| Contribution<br>pages <b>4</b> |
|--------------------------------|

|                               |
|-------------------------------|
| Expenditure<br>pages <b>2</b> |
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|-------------------------|
| Other<br>pages <b>3</b> |
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|                         |
|-------------------------|
| Total<br>pages <b>9</b> |
|-------------------------|

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |       |  |   |   |                             |                          |  |
|--|-------|--|---|---|-----------------------------|--------------------------|--|
| Name of Committee in Full<br><b>Friends of ADAMH</b>   |       |  |   |   |                             |                          |  |
| Full Name of Contributor<br><b>SEE ATTACHED DETAIL</b> |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |
| Full Name of Contributor                               |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |
| Full Name of Contributor                               |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |
| Full Name of Contributor                               |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |
| Full Name of Contributor                               |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |
| Full Name of Contributor                               |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |
| Full Name of Contributor                               |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |
| Full Name of Contributor                               |       |  |   |   | Registration Number, if PAC |                          |  |
| Street Address   |       | Employer/Occupation/Labor Organization |   |   |                             | Form (Cash, Check, etc.) |  |
| City   | State | Zip Code                               | M | D | Y                           | Amount                   |  |
|  |       |  |   |   |                             |                          |  |

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ **0.00**

# Statement of Other Income

Prescribed by Secretary of State 3/05

|  |       |          |                      |                             |   |        |  |
|--|-------|----------|----------------------|-----------------------------|---|--------|--|
| Name of Committee in Full<br><b>Friends of ADAMH</b> |       |          |                      |                             |   |        |  |
| Full Name<br><b>SEE ATTACHED DETAIL</b>              |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |
| Full Name  |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |
| Full Name  |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |
| Full Name  |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |
| Full Name  |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |
| Full Name  |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |
| Full Name  |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |
| Full Name  |       |          |                      | Registration Number, if PAC |   |        |  |
| Address  | Type* |          | M                    | D                           | Y | Amount |  |
| City   | State | Zip Code | Form(Cash,Check,etc) |                             |   |        |  |

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.00

# Statement of Expenditures

Prescribed by Secretary of State 3/05

|  |  |  |       |          |              |         |   |   |        |
|--|--|--|-------|----------|--------------|---------|---|---|--------|
| Name of Committee in Full<br><b>Friends of ADAMH</b> |  |  |       |          |              |         |   |   |        |
| To Whom Paid<br><b>SEE ATTACHED DETAIL</b>           |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |
| To Whom Paid   |  |  |       |          |              | M       | D | Y | Amount |
| Address  |  |  |       |          |              | Purpose |   |   |        |
| City   |  |  | State | Zip Code | Check Number |         |   |   |        |

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

|  |  |  |          |  |
|--|--|--|----------|--|
| Name of Committee in Full<br><b>Friends of ADAMH</b>   |  |  |          |  |
| Full Name of Contributor<br><b>SEE ATTACHED DETAIL</b> |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |
| Full Name of Contributor                               |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |
| Full Name of Contributor                               |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |
| Full Name of Contributor                               |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |
| Full Name of Contributor                               |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |
| Full Name of Contributor                               |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |
| Full Name of Contributor                               |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |
| Full Name of Contributor                               |  | Employer, Occupation, Labor Organization * |          | Registration Number, if PAC              |
| Street Address   |  | Description of Item or Service             |          | M   D   Y   Fair Market Value            |
| City   |  | State                                      | Zip Code | Received at Fundraising Event?<br>YES NO |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

## Statement of Other Income

**Name of Committee:** Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)  
**Period:** July 1, 2006 through December 31, 2006

| <u>Date Received</u> | <u>From Whom Received</u>   | <u>What Received</u> | <u>Nature of<br/>Other<br/>Income</u> | <u>Amount</u>         |
|----------------------|---|----------------------|---------------------------------------|-----------------------|
| 07/07/06             | Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218 | Cash Deposit         | Interest                              | \$3.25                |
| 07/15/06             | Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221  | Cash Deposit         | Interest                              | \$0.82                |
| 08/09/06             | Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218 | Cash Deposit         | Interest                              | \$3.83                |
| 08/15/06             | Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221  | Cash Deposit         | Interest                              | \$0.91                |
| 09/08/06             | Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218 | Cash Deposit         | Interest                              | \$3.48                |
| 09/15/06             | Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221  | Cash Deposit         | Interest                              | \$0.88                |
| 10/06/06             | Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218 | Cash Deposit         | Interest                              | \$3.26                |
| 10/13/06             | Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221  | Cash Deposit         | Interest                              | \$0.80                |
| 11/09/06             | Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218 | Cash Deposit         | Interest                              | \$3.49                |
| 11/15/06             | Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221  | Cash Deposit         | Interest                              | \$0.94                |
| 12/08/06             | Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218 | Cash Deposit         | Interest                              | \$1.36                |
| 12/15/06             | Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221  | Cash Deposit         | Interest                              | \$0.86                |
| Total                |   |                      |                                       | <u><u>\$23.88</u></u> |

**Name of Committee:** Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)  
**Period:** July 1, 2006 through December 31, 2006

| Date     | From Whom Received |                           |            |      |       | What Received | Amount  |
|----------|--------------------|---------------------------|------------|------|-------|---------------|---------|
| 09/23/06 | Audra Maynard      | 6500 New Albany Road East | New Albany | Ohio | 43054 | Check         | \$64.98 |
|          | Total              |                           |            |      |       |               | \$64.98 |

**Name of Committee:** Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)  
**Period:** July 1, 2006 through December 31, 2006

**Period:** July 1, 2006 through December 31, 2006

\$0.00



Statement of In-Kind Contributions Received

Name of Committee: Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)  
Period: July 1, 2006 through December 31, 2006

|      |                    | Item or Service | Fair Market | Received       |
|------|--------------------|-----------------|-------------|----------------|
|      |                    | Received        | Value       | At Fundraising |
| Date | From Whom Received |                 | Amount      | Event          |
|      |                    |                 | \$0.00      |                |